Application Number Filing Date **CLAIMS ONLY** 10692909 Applicant(s) May be used for additional claims or amendments CLAIMS AFTER FIRST AMENDMENT AS FILED AFTER SECOND AMENDMENT Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 (71) 72 73 74 26 . 75 76 27 77 ·78 . 79 -80 81 82 83 84 85 86 87 . 88 89 (90) 40 41 . 91 92 93 94 95 96 97 48 49 (50 98 99 100 Total Total Indep Indep Total Total Depend Depend Total Claims Total Claims 101 102 1.03 104 105 106 107 108